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CONFIRMATION NO. 6404

SERIAL NUMBER 10/600,859	FILING OR 371(c) DATE 06/20/2003 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. MRS0001.01
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APPLICANTS

Nancy J. Morris, Mishawaka, IN;

**** CONTINUING DATA *******

This appln claims benefit of 60/390,869 06/21/2002

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 10/08/2003

**** SMALL ENTITY ****

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY IN	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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ADDRESS

27187

TITLE

Intravenous tubing covering

FILING FEE RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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